Amendments to the Specification:

Please replace the paragraph beginning on page 1, line 33, with the following rewritten paragraph:

Even though the physiology and pathophysiology of the subtypes SSTR1 and SSTR4 are less well understood, there have been a number of findings about the role of these subtypes described in scientific publications and the patenting literature. US6,124,256 reported that, given their localisation in the vascular wall and their time-related induction during the proliferative stage, SSTR1 and/or SSTR4 may be the optimal subtypes to prevent fibroproliferative vasculopathy via a somatostatin receptor based therapy. In agreement with this, Curtis et al. (2000) have described SSTR1 and SSTR4 to represent the predominant subtypes expressed in human blood vessels and have proposed the use of SSTR1- or SSTR4-selective agonists for the treatment of endothelial cell-mediated proliferative diseases. Aavik et al. (2002) have demonstrated that a purportedly SSTR1- and SSTR4-selective peptide analogue of somatostatin (CH-275) is able to prevent intimal hyperplasia after rat carotid denudation injury. Taken together, these findings may explain why two peptide analogues of somatostatin, octreotide and lanreotide, which possess very high preferences for the subtypes SSTR2 and SSTR5 but have rather low affinities for the subtypes SSTR1 or SSTR4, failed to show efficacy in clinical trials aiming at the prevention of restenosis after percutaneous transluminal angioplasty (Eriksen et al. 1995; ~~van~~von Essen et al. ~~1995~~1997).

Please replace the paragraph beginning on page 2, line 16, with the following rewritten paragraph:

Due to the fact that SSTR1 activation causes antiproliferative effects, SSTR1-selective agonist may be useful for the treatment of SSTR1 bearing tumors. For example, it has been described that SSTR1 receptors are expressed in prostate cancer (Sinisi et al. 1997;

Reubi et al. ~~1997~~1998; Reubi et al. 2001) but not in normal prostate tissue. Independent of its functional properties as an agonists or an antagonist, any SSTR1 selective ligand may be useful for the diagnosis of prostate tumors or tumors in other tissues expressing the SSTR1 subtype.

Please replace the paragraph beginning on page 61, line 5, with the following rewritten paragraph:

- Bito et al. (1994), *Functional coupling of SSTR4, a major hippocampal somatostatin receptor, to adenylate cyclase inhibition, arachidonate ~~release~~release, and activation of the mitogen-activated protein kinase cascade.* J Biol Chem 269:12722-12730

Please replace the paragraph beginning on page 62, line 16, with the following rewritten paragraph:

- Reisine and Bell (1995), *Molecular biology of somatostatin receptors.* ~~Endocrinological~~Endocrine Reviews 16:427-442

Please replace the paragraph beginning on page 62, line 18, with the following rewritten paragraph:

- Reubi et ~~al~~al. (~~1997~~1998), *A selective analog for the somatostatin sst1-receptor subtype expressed by human tumors.* Eur J Pharmacol 345:103-110

Please replace the paragraph beginning on page 63, line 5, with the following rewritten paragraph:

- ~~van~~von Essen et al. (1997), *Effects of octreotide treatment on restenosis after coronary angioplasty: results of the VERAS study.* Circulation 96:1482-1487

Please replace the paragraph beginning on page 63, line 8, with the following rewritten paragraph:

- Yang et al. (1985), *Isolation, sequencing, ~~synthesis~~synthesis, and pharmacological ~~characterisation~~characterization of two brain neuropeptides that modulate the action of morphine*. Proc Natl Acad Sci 82:7757-~~7781~~7761